

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10622347 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		3				
12		1				
13		1				
14		1				
15		1				
16		1				
17		3				
18		1				
19		8				
20		1				
21		1				
22		1				
23		5				
24		9				
25		9				
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47		9				
48		9				
49		9				
50		9				
TOTAL IND.	1					
TOTAL DEP.	29					
TOTAL CLAIMS	30					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL DEP.						
TOTAL CLAIMS						